SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER: PAGE 27 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c

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Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) RGA Reinsurance Company Federal PAC Full Name (Last, First, Middle Initial) Steven Joseph Abood Date of Receipt Mailing Address 16600 Swingley Ridge 2015 31 City Zip Code State Transaction ID: PR117556914820 MO Chesterfield 63017 Amount of Each Receipt this Period FEC ID number of contributing 115.38 federal political committee. Name of Employer Occupation SVP, Quota Share Healthcare Reinsuranc **RGA Reinsurance Company** Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$57.69 Bi-Weekly) 980.73 Other (specify) Full Name (Last, First, Middle Initial) B. Suzanna M Carrillo Date of Receipt Mailing Address 16600 Swingley Ridge 08 31 2015 City State Zip Code Transaction ID: PR117557114820 Chesterfield MO 63017 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Name of Employer Occupation **RGA Reinsurance Company** Vice President, Global Marketing Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$19.23 Bi-Weekly) 326.91 Other (specify) Full Name (Last, First, Middle Initial) c. William L Frields Date of Receipt Mailing Address 16600 Swingley Ridge 80 31 2015 City Zip Code State Transaction ID: PR117557214820 MO Chesterfield 63017 Amount of Each Receipt this Period FEC ID number of contributing 38.46 С federal political committee. Name of Employer Occupation VP, Portfolio Manager & Head of Real E **RGA Reinsurance Company** Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$19.23 Bi-Weekly) 326.91 Other (specify) 192.30 SUBTOTAL of Receipts This Page (optional).....

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TOTAL This Period (last page this line number only).....